

## **APPLICATION DATA SHEET**

### **Application Information**

<b>Application Number::</b>	Not yet assigned
<b>Filing Date::</b>	November 14, 2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Classification::</b>	None
<b>Suggested Group Art Unit::</b>	None
<b>CD-ROM or CD-R?::</b>	No
<b>Number of CD Disks::</b>	0
<b>Number of Copies of CDs::</b>	None
<b>Sequence Submission?::</b>	No
<b>Computer Readable Form (CFR)?::</b>	No
<b>Number of Copies of CFR::</b>	None
<b>Title::</b>	INVAPLEX FROM GRAM NEGATIVE BACTERIA, METHOD OF PURIFICATION AND METHODS OF USE
<b>Attorney Docket Number::</b>	38644-198794
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	None
<b>Small Entity?::</b>	No
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	No
<b>Petition Type::</b>	None
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	None
<b>Secrecy Order in Parent Appl.::</b>	

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** USA  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::** Edwin  
**Middle Name::** V.  
**Family Name::** OAKS  
**Name Suffix::**  
**City of Residence::** Gambrills  
**State or Province of Residence::** MD  
**Country of Residence::** USA  
**Street of Mailing Address::** 3106 Arrowhead Farms Road  
**City of Mailing Address::** Gambrills  
**State or Province of Mailing Address::** MD  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 21054

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** USA  
**Country::** USA  
**Status::** Full Capacity  
**Given Name::** Kevin  
**Middle Name::** R.  
**Family Name::** TURBYFILL  
**Name Suffix::**  
**City of Residence::** Waldorf  
**State or Province of Residence::** MD  
**Country of Residence::** USA  
**Street of Mailing Address::** 10198 Further Lane

**City of Mailing Address::** Waldorf  
**State or Province of Mailing Address::** MD  
**Country of Mailing Address::** USA  
**Postal or Zip Code of Mailing Address::** 20601

### **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4800  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** www.venable.com

### **Representative Information**

**Representative Customer Number::** 26694

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>Current</b>	<b>Continuation of</b>	<b>09/772,878</b>	<b>January 31, 2001</b>
	<b>Continuation of</b>		
	<b>Continuation of</b>		
	<b>Continuation of</b>		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## Assignee Information

**Assignee Name:** U.S. Army Medical Research & Materiel Command  
**Street of Mailing Address:** 504 Scott Street  
**City of Mailing Address:** Fort Detrick  
**State or Province of Mailing Address:** MD  
**Country of Mailing Address:** USA  
**Postal or Zip Code of Mailing Address:** 21702-5012